

<i>SERFF Tracking Number:</i>	<i>RNIC-127850142</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Reserve National Insurance Company</i>	<i>State Tracking Number:</i>	<i>50433</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>APP-HHC AR (12/11) Application for Home Health Care Indemnity Insurance</i>		
<i>Project Name/Number:</i>	<i>APP-HHC AR (12/11) Application for Home Health Care Indemnity Insurance /</i>		

## Filing at a Glance

Company: Reserve National Insurance Company

Product Name: APP-HHC AR (12/11) – SERFF Tr Num: RNIC-127850142 State: Arkansas

Application for Home Health Care Indemnity Insurance

TOI: H21 Health - Other

SERFF Status: Closed-Approved-  
Closed State Tr Num: 50433

Sub-TOI: H21.000 Health - Other

Co Tr Num: State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Kyle Conrad, Brenda

Ingram, Mariana Garcia

Date Submitted: 12/08/2011

Disposition Date: 12/12/2011  
Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: APP-HHC AR (12/11) – Application for Home Health Care Indemnity Insurance

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 12/06/2011

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type: Individual

Overall Rate Impact:

Filing Status Changed: 12/12/2011

State Status Changed: 12/12/2011

Deemer Date:

Created By: Brenda Ingram

Submitted By: Brenda Ingram

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

December 8, 2011

Mr. Dan Honey

Insurance Deputy Commissioner

SERFF Tracking Number: RNIC-127850142 State: Arkansas  
Filing Company: Reserve National Insurance Company State Tracking Number: 50433  
Company Tracking Number:  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: APP-HHC AR (12/11) Application for Home Health Care Indemnity Insurance  
Project Name/Number: APP-HHC AR (12/11) Application for Home Health Care Indemnity Insurance /

Life and Health Division  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

RE: Reserve National Insurance Company - NAIC # 68462; FEIN# 73-0661453  
Form APP-HHC AR (12/11) – Application for Home Health Care Indemnity Insurance

Dear Mr. Honey:

We are submitting the above-referenced form, which we request you consider for approval. This is a new filing not previously submitted.

Form APP-HHC AR (12/11) will be used as the application for our previously-approved Home Health Care Indemnity Policy. Please note that our Home Health Care Indemnity Policy is not long-term care insurance.

If this filing meets with your approval, please send us evidence thereof.

Thank you for your consideration in this matter. If there are any questions, you may contact me by telephone at (800) 874-1431, by fax at (405) 840-3426 or by e-mail at [kconrad@kemper.com](mailto:kconrad@kemper.com).

Sincerely,

Kyle D. Conrad  
Senior Vice President  
and Associate Corporate Counsel

## Company and Contact

### Filing Contact Information

Kyle Conrad, Vice President & Associate  
Corporate Counsel  
6100 N. W. Grand Blvd  
Oklahoma City, OK 73118  
kconrad@unitrin.com  
800-874-1431 [Phone] 549 [Ext]

### Filing Company Information

Reserve National Insurance Company	CoCode: 68462	State of Domicile: Oklahoma
601 East Britton Road	Group Code: 215	Company Type: Life and Health

SERFF Tracking Number: RNIC-127850142 State: Arkansas  
Filing Company: Reserve National Insurance Company State Tracking Number: 50433  
Company Tracking Number:  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: APP-HHC AR (12/11) Application for Home Health Care Indemnity Insurance  
Project Name/Number: APP-HHC AR (12/11) Application for Home Health Care Indemnity Insurance /  
Oklahoma City, OK 73114 Group Name: Reserve National State ID Number:  
(405) 848-7931 ext. 549[Phone] FEIN Number: 73-0661453  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: AR Filing Fee  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Reserve National Insurance Company	\$50.00	12/08/2011	54380593

*SERFF Tracking Number:*      *RNIC-127850142*                      *State:*                      *Arkansas*  
*Filing Company:*              *Reserve National Insurance Company*              *State Tracking Number:*              *50433*  
*Company Tracking Number:*  
*TOI:*                      *H21 Health - Other*                      *Sub-TOI:*                      *H21.000 Health - Other*  
*Product Name:*              *APP-HHC AR (12/11) Application for Home Health Care Indemnity Insurance*  
*Project Name/Number:*              *APP-HHC AR (12/11) Application for Home Health Care Indemnity Insurance /*

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Rosalind Minor	12/12/2011	12/12/2011

*SERFF Tracking Number:*      *RNIC-127850142*      *State:*      *Arkansas*  
*Filing Company:*      *Reserve National Insurance Company*      *State Tracking Number:*      *50433*  
*Company Tracking Number:*  
*TOI:*      *H21 Health - Other*      *Sub-TOI:*      *H21.000 Health - Other*  
*Product Name:*      *APP-HHC AR (12/11) Application for Home Health Care Indemnity Insurance*  
*Project Name/Number:*      *APP-HHC AR (12/11) Application for Home Health Care Indemnity Insurance /*

## **Disposition**

Disposition Date: 12/12/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: RNIC-127850142 State: Arkansas

Filing Company: Reserve National Insurance Company State Tracking Number: 50433

Company Tracking Number:

TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

Product Name: APP-HHC AR (12/11) Application for Home Health Care Indemnity Insurance

Project Name/Number: APP-HHC AR (12/11) Application for Home Health Care Indemnity Insurance /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Application for Home Health Care Indemnity Insurance	Approved-Closed	Yes

SERFF Tracking Number: RNIC-127850142 State: Arkansas

Filing Company: Reserve National Insurance Company State Tracking Number: 50433

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TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

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## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 12/12/2011	APP-HHC AR (12/11)	Application/ Enrollment Form	Application for Home Health Care Indemnity Insurance	Initial		77.568	APP-HHC AR (12.11).pdf



OKLAHOMA CITY, OKLAHOMA

Application for Home Health Care Indemnity Insurance

AGENT CODE \_\_\_\_\_

MGR CODE \_\_\_\_\_

FOR HOME OFFICE USE ONLY

POLICY NUMBER (s) \_\_\_\_\_

EFFECTIVE DATE

Month

Day

Year

1. Full Name of Each Applicant	Social Security Number	Relation To Proposed Insured	BIRTH DATE			Age	Sex	Basic Reg. Monthly Prem.	List Endorsements and Rates		Total Reg. Monthly Premium
			Mo.	Day	Yr.						
1		Proposed Insured									
2											
3											
4											
Total											

2. Residence of Proposed Insured \_\_\_\_\_  
Street No. / Rural Route and/or Box Number City State Zip Code

3. Residence Telephone No. area code (\_\_\_\_\_) \_\_\_\_\_ Business or alternate area code (\_\_\_\_\_) \_\_\_\_\_

(a) E-mail address \_\_\_\_\_

(b) Name, Address and Telephone No. of payor if different from above \_\_\_\_\_

4. Do you have any Home Health coverage in force at the time of this application? ..... Yes ☐ No ☐  
(If “no,” go to question 6)

5. If the answer to question 4 is “yes,” do you intend to replace your current Home Health coverage with the policy applied for?.....Yes ☐ No ☐  
**(Complete replacement notice if “yes”)**

6. Is any applicant currently living in a nursing home or assisted living center or currently receiving home health care or similar-type benefits?.....Yes ☐ No ☐

7. Is any applicant physically unable to perform routine activities such as bathing, dressing, eating, toileting, or transferring to or from a bed or chair?.....Yes ☐ No ☐

FOR HOME OFFICE USE

IT IS AGREED THAT ALL STATEMENTS AND ANSWERS CONTAINED IN THIS APPLICATION ARE FULL, COMPLETE AND TRUE AS WRITTEN AND ARE CORRECTLY RECORDED AND THAT: 1. This application and any supplements thereto shall form the basis for and be a part of any insurance issued, and that all statements and answers in this application and any supplements are complete and true to the best of applicant’s knowledge and belief. 2. The insurance applied for in this application shall not be considered in force until issued by the Company and the first premium paid. The Company shall have 60 days from the date signed in which to consider and act upon this application which the parties agree is a reasonable time. If within such period insurance has not been received by the applicant, or if notice of approval or rejection has not been given, then this application shall be deemed to have been declined by the Company and the Company will return any premium tendered herewith. In connection with an application for insurance currently made to Reserve National Insurance Company, **I hereby authorize any licensed physician, medical practitioner, hospital, clinic, pharmacy related service organization, or other medical or medically-related facility, insurance company or MIB, Inc. (“MIB”), that has any health or medical records or knowledge concerning me or any of the members of my family named in this application, to disclose to the Company or its reinsurers any such information upon presentation of this authorization or reproduction thereof. This authorization shall remain valid for a period of 24 months from the date hereof. I understand that I may revoke this authorization at any time by mailing written notice thereof to the Company at 601 East Britton Road, Oklahoma City, OK 73114.**



To enroll in the E-Z Way pre-authorized payment plan for renewal premiums, check the monthly or quarterly payment box, sign and date the authorization, and return with a voided personal check. Not available for initial premium.

Through the E-Z Way plan, your bank will pay your future renewal premiums from your checking account. The E-Z Way plan will eliminate the necessity of writing a check.

To take advantage of this convenient plan, simply complete the right-side portion of this form. On your next billing date, the premium will be paid by your bank. The payment will be reflected in your bank statement.

THE E-Z WAY PLAN AUTHORIZATION  
TO RESERVE NATIONAL INSURANCE COMPANY





As a convenience to me, I hereby request and authorize you to pay and charge to my account checks or credits on my account by and payable to Reserve National Insurance Company, Oklahoma City, Oklahoma, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check or credit shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such check or credit. I further agree that if any such check or credit be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

☐ MONTHLY PAYMENT... or ☐ QUARTERLY PAYMENT

\_\_\_\_\_ X \_\_\_\_\_  
Date Your signature EXACTLY as it appears on Bank Records



**Another easy way to pay your premium is with your credit card.**

Please charge to my: ☐  ☐  ☐  ☐ 

ACCOUNT# AS SHOWN ON CARD

										-									-									-								
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EXPIRATION DATE \_\_\_\_\_

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**PLEASE SELECT** \_\_\_\_\_

☐ Please charge my credit card for the initial premium.  
**Amount authorized \$** \_\_\_\_\_

☐ Please charge my credit card for all future renewal premiums. I understand this authorization will remain in effect until revoked by me or until my credit card expires: ☐ Monthly Payment ☐ Quarterly Payment

AUTHORIZED SIGNATURE \_\_\_\_\_  
(PLEASE SIGN HERE)

NAME OF CARDHOLDER \_\_\_\_\_  
(PLEASE PRINT NAME AS SHOWN ON CARD)

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> Readability Certificate APP-HHC AR 12.11.pdf	Approved-Closed	12/12/2011

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> N/A <b>Comments:</b>	Approved-Closed	12/12/2011

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Health - Actuarial Justification <b>Bypass Reason:</b> N/A <b>Comments:</b>	Approved-Closed	12/12/2011

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Outline of Coverage <b>Bypass Reason:</b> N/A <b>Comments:</b>	Approved-Closed	12/12/2011

	Item Status:	Status Date:
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary <b>Bypass Reason:</b> N/A <b>Comments:</b>	Approved-Closed	12/12/2011



## READABILITY CERTIFICATION

FORM NUMBER: **APP-HHC AR (12/11)**

The words, sentences, and syllables of Form APP-HHC AR (12/11) were counted to be used in the Flesch Readability Formula in order to determine the readability score of the form. Formal names, medical terms and words defined (implicitly or explicitly) in the policy/rider/endorsement were not counted.

WORDS: 308

SENTENCES: 28

Syllables: 430

This resulted in a Flesch Readability score of **77.568**.

Kyle D.  
Conrad

Digitally signed by Kyle D.  
Conrad  
DN: CN = Kyle D. Conrad, C =  
US  
Date: 2011.12.08 15:59:36 -  
06'00'

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KYLE D. CONRAD  
Senior Vice President  
and Associate Corporate Counsel